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Attorney Docket Number

DESIGN PATENT APPLICATION (37 CFR 1.63) Declaration Submitted or Submitted after Initial Filing Surcharge (37 CFR 1.16 (e)) required) As a below named inventor, I hereby declare that: Wy residence, mailing address, and citizenship are as stated below next to my name. I believe I am the original, first and sole inventor (if only one name is listed below) or an original, first and joint inventor (if plural names are listed below) of the subject matter which is claimed and for which a patent is sought on the invention entitled: THE USE OF COMBINED PLAVONES & ISOFLAVONES TO TREAT CELLULITE. (Title of the Invention) the specification of which is attached hereto OR was filed on (MM/DD/YYYY) and was amended on (MM/DD/YYYY) and was amended by any amendment specifically referred to above. I hereby dain foreign priority benefits under 35 U.S.C. 119(0)(d) or (f), or 35(0)(d) d my (craign application) for plant inventor) for plant breedy and inforeign priority benefits under 35 U.S.C. 119(0)(d) or (f), or 35(0)(d) d my (craign application) and the national or PCT International filing date of the continuation-hapet application which became eveilable between the filing date of the prior application and the national or PCT international filing date of the continuation-hapet application which became eveilable between the filing date of the prior application and the national or PCT internation which became eveilable between the filing date of the prior application and the national or potent, inventor's or plant breedy fine specifically or any PCT international application which became in the United States of America, listed below and have also identified below, by checking the box, any foreign application for the original columns. Prior Foreign Application None Additional foreign application numbers are listed on a supplemental priority data sheet PTO/SB/02B attached hereto:	DECLARATION FO		Attorney Bocke	Attorney bocket Number				
Application Number Filing Date Nov. 2001	DECLARATION FOR UTILITY OR DESIGN		First Named Inv	First Named Inventor PUGLIES		PETER T		
Declaration Submitted after Initial Filing (surcharge (Group Art Unit Filing Art Unit Filing (Surcharge (Group Art Unit Filing Art Unit Filing Art Unit Filing (Surcharge (Group Art Unit Filing Art Unit Fili	PATENT APPL	co	COMPLETE IF KNOWN					
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Filing (37 ČFR 1.16 (e)) Examiner Name As a below named inventor, I hereby declare that: My residence, mailing address, and citizenship are as stated below next to my name. I believe I am the original, first and sole inventor (if only one name is listed below) or an original, first and joint inventor (if plural names are listed below) of the subject matter which is claimed and for which a patent is sought on the invention entitled: THE USE OF COMBINED PLAVONES & ISOPLAVONES TO TREAT CELLULITE. (Title of the Invention) the specification of which is attached hereto OR was filed on (MM/DDYYYY) and was amended on (MM/DDYYYY) and was amended on (MM/DDYYYY) I hereby state that I have reviewed and understand the contents of the above identified specification, including the claims, as amended by any amendment specifically referred to above. I acknowledge the dity to disclase information which is material to patentability as defined in 37 CFR 1.56, including for continuation-legal regulations, material information which is material to patentability as defined in 37 CFR 1.56, including for continuation-legal regulations, material information which became available between the filing date of the prior application and the national or Prior process of the prior application and the national or prior process of the prior process of the prior application and the national or prior process of the prior prior prior process of the prior prior prior prior process of the prior	Odbiiii.cod		Group Art Unit					
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DECLARATION — Utility or Design Patent Application

Direct all correspondence to: Customer Number or Bar Code Label OR X Correspondence address below						
ARTHUR R. EGLINGTON	, ESQ.					
Address 113 Cross Creek Dr.	R.D. #	5				
City Pottsville		Penna.	ZIP 17901			
Country United States Te	lephone 570-	385-5021	Fax 385-72532			
I hereby declare that all statements made herein of my are believed to be true; and further that these statement made are punishable by fine or imprisonment, or both, to validity of the application or any patent issued thereon.	nts were made witl	h the knowledge that willful t	false statements and the like so			
NAME OF SOLE OR FIRST INVENTOR :	A petition h	as been filed for this un	signed inventor			
Given Name Peter T. (first and middle [if any])		Family Name Pugl	iese			
Inventor's Peter Puglisse, N	L. D	:	Nov.20,2001			
Residence: City Berneville						
Mailing Address P. O. Box 307						
City Berneville State Penna. 19506 Country USA						
NAME OF SECOND INVENTOR:	A petition ha	s been filed for this unsi	gned inventor			
Given Name Family Name (first and middle [if any]) Family Name						
Inventor's Signature Date						
Residence: City State Country Citizenship						
Mailing Address						
City	State	710				
City State ZIP Country Additional inventors are being named on thesupplemental Additional Inventor(s) sheet(s) PTO/SB/02A attached hereto.						

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Filing Date		ov.		2001		
First Named Inventor	PU	JLII	ESE,	PETE	RT.	
Title	SE	OF	ISC	FLAVO	NES	etc
Group Art Unit						
Examiner Name						
Attorney Docket Number)

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Arthur R. Eglington	19,868			
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City Pottsville,	State Penna. Zip 17901			
Country United States				
Telephone 570-385-5021 Fax 385-2532				
I am the: ☑ Applicant/Inventor.				
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Assignee of record of the entire interest. See 37 CFR 3.71. Statement under 37 CFR 3.73(b) is enclosed. (Form PTO/SB/96).				
SIGNATURE of Applicant or Assignee of Record				
Name Peter T. Pugliese				
Signature Piter > Pugliese				
Date November 24, 2001				
NOTE: Signatures of all the inventors or assignees of record of the entire interestorms if more than one signature is required, see below*.	t or their representative(s) are required. Submit multiple			
orms are submitted.				

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